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Complete if Known Substitute for form 1449A/PTO **Application Number UNKNOWN** INFORMATION DISCLOSURE HEREWITH Filing Date JIN HUI OU-YANG STATEMENT BY APPLICANT First Named Inventor UNKNOWN Art Unit (use as many sheets as necessary) UNKNOWN **Examiner Name** K35A1022 2 Attorney Docket Number of Sheet

			U.S. PATI	ENT DOCUMENTS	×
Examiner Initials		Document Number  Number - Kind Code <sup>2</sup> (if known	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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r		us-6,125,003 us-	09-26-2000	Tsuda et al.	
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Examiner Signature

Date Considered

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